

STATE OF NEVADA DIVISION OF HUMAN RESOURCE MANAGEMENT

REQUEST TO ACCELERATE SALARY

(Adjustment of Steps Within Same Pay Grade - NAC 284.204)

1. Agency ID #:	2. Budget #:	3. Dept.:	Division:
4. Applicant / Employee Name:		Geographic Location of Position:	
5. Class Title:	6. Class Code:	Position Control #	
7. Grade:	8. *Proposed Step:	9. *Proposed Effective Date:	
<p>10. BASIS OF REQUEST: (Please check only one shaded box. Please see NAC 284.204 for qualifying conditions.)</p> <p><input type="checkbox"/> Meet difficult recruitment problem:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Recruitment produced less than 5 eligible persons who are available.</p> <p style="margin-left: 80px;">• Copy of certified list <u>must</u> accompany request (if applicable)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Recruitment deemed historically difficult. Please attach documentation/history and a copy of the coded list.</p> <p><input type="checkbox"/> Hire person with superior qualifications.</p> <p style="margin-left: 40px;">• Copy of certified list <u>must</u> accompany request</p> <p style="margin-left: 40px;">• Applicant comparison <u>must</u> accompany request Form NPD-04B, along with the cover memo to DHRM Administrator</p> <p><input type="checkbox"/> Maintain an equitable relationship between employees for reasons other than seniority.</p> <p style="margin-left: 40px;">• List of the employees being compared <u>must</u> accompany request Form NPD-04A, along with the cover memo to Governor's Office</p> <p>11. JUSTIFICATION: Please attach separately (<i>Required for approval. Be specific</i>)</p> <p><i>*Please note: Any request for an adjustment of steps must be <u>pre-approved prior</u> to making a firm job offer at an accelerated rate. Position cannot be filled prior to receipt of approval.</i></p>			
<p>12. APPOINTING AUTHORITY CERTIFICATION: <i>I Certify That I Have:</i></p> <ul style="list-style-type: none"> • Considered the salary requirements and qualifications of all eligible persons. • Ensured that the adjustment is financially feasible over the current biennium. • Ensured that the adjustment will not cause an inequity with other employees. • Maintained accurate records on this request. <p>_____ AGENCY FISCAL OFFICER DATE</p> <p>_____ AGENCY ADMINISTRATOR OR DESIGNEE DATE</p> <p>_____ AGENCY PERSONNEL OFFICER DATE</p>		<p>13. FOR COMPLETION BY DIVISION OF HUMAN RESOURCE MANAGEMENT</p> <p><input type="checkbox"/> APPROVED - Effective Date _____</p> <p><input type="checkbox"/> DISAPPROVED</p> <p>Per NAC 284.204, Subsection _____</p> <p>Request no. _____</p> <p>_____ SIGNATURE DATE</p>	
<p>14. FOR COMPLETION BY DEPT. OF ADMINISTRATION, BUDGET DIVISION <i>I Certify That I Have:</i> Ensured that the adjustment is financially feasible <u>through</u> the current biennium.</p> <p>_____ BUDGET ANALYST DATE</p> <p>_____ DEPT. OF ADMINISTRATION DATE</p>		<p>15. FOR COMPLETION BY GOVERNOR'S OFFICE</p> <p>Note: All equity adjustment requests <u>must</u> have Governor's Office Approval.</p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> DISAPPROVED</p> <p>_____ SIGNATURE DATE</p>	

ATTACH A COPY OF APPROVED DOCUMENT TO PAYROLL FORM (ESMT-A)

NPD-04 12/2012

REQUEST TO ACCELERATE SALARY DIRECTIONS

NUMBERS 1-9: Enter all requested information.

**Please note: Any request for an adjustment of steps must be pre-approved prior to making a firm job offer at an accelerated rate. Position cannot be filled prior to receipt of approval.*

NUMBER 10: Check the appropriate box(es). Ensure all required attachments are complete and attached to NPD-04 form as identified. (NPD-04A or NPD-04B and cover memos.)

NUMBER 11: Attach detailed justification to support your request.

NUMBER 12: The agency will acquire the signature approval from the Agency Fiscal Officer, the Agency Administrator (or designee), then forward the Request to the Agency Personnel Officer. After the Agency Personnel Officer reviews and signs the Request it will be forwarded to the Division of Human Resource Management (DHRM), Compensation Division.

NUMBER 13: If the DHRM approves the Request will be forwarded to Department of Administration Budget Division. If the Request is not approved, it will be returned to the Agency Personnel Officer.

NUMBER 14: Once reviewed and approved by both the Agency Budget Analyst and the Department of Administration the Request will be returned to the Agency Personnel Officer, or if applicable forward to the Governor's office for final review.

NUMBER 15: If the Request is to "Maintain an equitable relationship between employees for reasons other than seniority" final approval is required from the Governor's office. Upon approval/disapproval the Request will be sent to DHRM, Compensation Division and then forwarded to the Agency Personnel Officer.